



## TO THE APPLICANT:

**The Town of Belmont Education Scholarship** is made possible by Taxpayers' check-off contributions and private donations earmark for general scholarship purposes. Scholarships are awarded on financial need, academic performance (unweighted GPA), and extracurricular activities including community services, school groups and clubs. Applications will be scored by an independent 3<sup>rd</sup> party, and evaluated by the Town of Belmont Education Scholarship Committee.

**Please complete pages 2 through 3 of this application along with the Parent Contribution Questionnaire (PCQ)** The Town reserves the right to see an applicant's parent's tax return if necessary. Your Guidance Counselor will fill out page 4, the Applicant Appraisal form. Please note that a school or college counselor or teacher can fill out the Applicant Appraisal. If you are not a High School senior or attending college, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria.

- **Belmont High School Senior (Belmont Residents Only)**, please return the completed application along with the Applicant Appraisal and the FAQ to the **Belmont High School Guidance Office**.
- **For Town residents**, please return the completed application, along with the Applicant Appraisal and the FAQ to the **Town of Belmont, Treasurer Department, PO Box 56, Belmont, Ma, 02478**.

**ELIGIBILITY:** This scholarship is open to ALL legal residents of the Town of Belmont. Applicants must be presently attending or have received acceptance to attend an accredited educational institution beyond high school level prior to the time for payment of scholarship award.

**Date                      Filing Deadline for applying is Friday, March 11, 2016**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (If student is less than 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

## APPLICANT DATA

Mr. ☐ \_\_\_\_\_  
Ms. ☐ Name (Last) (First) (MI) Social Security Number (Optional) \_\_\_\_\_

Permanent Address (Street) (City) (State) (Zip) \_\_\_\_\_  
( ) \_\_\_\_\_  
Date of Birth (month, day, year) Telephone Number E-Mail Address \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/  
guardian if different from applicant \_\_\_\_\_  
(Street) (City) (State) (Zip) \_\_\_\_\_  
( ) \_\_\_\_\_  
Telephone Number \_\_\_\_\_

## SCHOOL DATA

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ (Street) (City) (State) (Zip) ( ) Telephone Number \_\_\_\_\_

Name of High School Principal \_\_\_\_\_

Name of postsecondary school for which applicant's scholarship is requested: \_\_\_\_\_  
4-year College/University ☐ Vo-Tech ☐  
Community College ☐ Other ☐  
Accredited? Yes ☐ No ☐

Address \_\_\_\_\_ (City) (State) (Zip) \_\_\_\_\_

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: ☐ Live on campus ☐ Live off campus ☐ commute

Enrolled: ☐ less than half-time ☐ half-time or more ☐ full-time

Anticipated date of graduation from postsecondary program \_\_\_\_\_  
(month) (year)

Major field of study applicant plans to pursue \_\_\_\_\_

## DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- ☐ African American/Black ☐ Asian/Pacific Islander ☐ Hispanic/Latino ☐ American Indian/Alaska Native  
☐ White/Caucasian ☐ Other (Please Specify) \_\_\_\_\_

## OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

## PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

## APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (Do not name student) \_\_\_\_\_

Appraiser's Signature

Date

Title

( )  
Telephone Number

Appraiser's Business Address (Street)

(City)

(State)

(Zip)

## TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Cumulative grade point average \_\_\_\_\_ /4.0 scale

SAT Critical Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ ACT Composite \_\_\_\_\_

School Official's Signature

Date

Title

( )  
Telephone Number

School Address (Street)

(City)

(State)

(Zip)

## APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing.)

☐ Application

☐ All required signatures

☐ Current Transcript of Grades

☐ Application Deadline: \_\_\_\_\_

For BHS seniors return application to: **Belmont High School Guidance Office**

For all others return application to: **Town of Belmont, PO Box 56, Belmont, MA 02478**